GRAYS NURSING HOME, INC. 555 NORTH CHESTNUT STREET

PLATTEVI LLE 53818 Phone: (608) 349-6741 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 20 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 20 Average Daily Census: 20 Number of Residents on 12/31/00: 19

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	21. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	31. 6
Day Services	No	Mental Illness (Org./Psy)	31.6	65 - 74	5. 3		
Respite Care	No	Mental Illness (Other)	31.6	75 - 84	15. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	63. 2	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	15.8	Full-Time Equivalen	it
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	5.3		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	100.0		
Transportation	No	Cerebrovascul ar	10. 5			RNs	11. 8
Referral Service	No	Diabetes	15.8	Sex	%	LPNs	19. 1
Other Services	No	Respi ratory	0.0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	5.3	Male	5. 3	Aides & Orderlies	45. 5
Mentally Ill	No			Female	94. 7		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medica	are		Medi c	ai d											
		(Title 18)			(Title 19)			0ther		P	Pri vate Pay			Managed Care			Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	ı	]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	13 1	00.0	\$102.11	0	0.0	\$0.00	6	100. 0	\$115.00	0	0. 0	\$0.00	19	100.0%
Intermediate				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0. 0		13 1	00. 0		0	0.0		6	100.0		0	0. 0		19	100.0%

GRAYS NURSING HOME, INC.

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	Percent Distribution	of Residents'	Condi t	i ons, Servi ces, an	d Activities as of 12/	31/00
			•	% Needi ng		Total
	Activities of	%	As	sistance of	% Totally	Number of
22. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
11. 1	Bathi ng	0. 0		68. 4	31. 6	19
11. 1	Dressi ng	0. 0		68. 4	31. 6	19
33. 3	Transferring	26. 3		47. 4	26. 3	19
0.0	Toilet Use	15. 8		52. 6	31. 6	19
0.0	Eati ng	68. 4		15. 8	15. 8	19
22. 2	***************	********	*****	*******	*********	******
9	Conti nence		%	Special Treatmen	its	%
	Indwelling Or Extern	al Catheter	5.3	Receiving Resp	oi ratory Care	15. 8
10.0	0cc/Freq. Incontinen	t of Bladder	84. 2	Recei vi ng Trac	cheostomy Care	0. 0
20.0	0cc/Freq. Incontinen	t of Bowel	42. 1	Recei vi ng Suct	i oni ng	0. 0
20.0				Receiving Osto	omy Care	0. 0
0.0	Mobility			Recei vi ng Tube	e Feedi ng	0. 0
10.0	Physically Restraine	d	21. 1	Receiving Mech	anically Altered Diets	47. 4
0.0						
0.0	Skin Care			Other Resident C	Characteri sti cs	
40.0	With Pressure Sores		21. 1	Have Advance I	)i recti ves	0. 0
	With Rashes		10. 5	Medi cati ons		
10				Receiving Psyc	choactive Drugs	63. 2
	11. 1 11. 1 33. 3 0. 0 0. 0 22. 2 9 10. 0 20. 0 20. 0 0. 0 0. 0 40. 0	Activities of  22. 2   Daily Living (ADL)  11. 1   Bathing  11. 1   Dressing  33. 3   Transferring  0. 0   Toilet Use  0. 0   Eating  22. 2   ********************************	Activities of %  22. 2   Daily Living (ADL) Independent  11. 1   Bathing	Activities of	Activities of	Activities of

Ownership: Bed Size: Li censure: Thi s Propri etary Under 50 Skilled Al l Peer Group Facility Peer Group Peer Group Facilities % % Ratio % Ratio Ratio % Ratio Occupancy Rate: Average Daily Census/Licensed Beds 100.0 83.7 1.19 92.9 1.08 87. 0 1. 15 84. 5 1.18 77.5 Current Residents from In-County 84. 2 75. 1 1. 12 74.7 1. 13 69.3 1.21 1.09 Admissions from In-County, Still Residing 33. 3 18. 7 1. 78 24. 5 1.36 22.3 1.49 21.5 1.55 Admissions/Average Daily Census **45.** 0 152.8 0.29 88. 3 0.51 104. 1 0.43 124.3 0.36 Discharges/Average Daily Census **50.** 0 154. 5 0.32 84.8 0.59 105. 4 0.47 126. 1 0.40 Discharges To Private Residence/Average Daily Census 15.0 59. 1 0.25 19.3 0.78 37. 2 0.40 49.9 0.30 Residents Receiving Skilled Care 100 90.6 1.10 1.29 87. 6 1. 20 77.6 1.14 83.3 Residents Aged 65 and Older 100 **95.** 0 1.05 92.5 1.08 93. 4 1.07 87.7 1.14 Title 19 (Medicaid) Funded Residents 68. 4 65.4 1.05 55.7 1.23 70.7 69.0 0.99 0.97 Private Pay Funded Residents 31.6 23. 2 1.36 0.76 22.6 1.40 41.4 22. 1 1.43 Developmentally Disabled Residents 0.0 0.8 0.00 1.7 0.00 0.7 0.00 7.6 0.00 Mentally Ill Residents 63. 2 31.4 2.01 47.1 1.34 37. 4 1.69 33. 3 1.89 General Medical Service Residents 5. 3 23. 2 0.23 8.6 0.61 21. 1 0.25 18. 4 0. 29 48.9 1.12 49. 4 Impaired ADL (Mean) 54.7 49.3 1.11 47.0 1.16 1.11 63. 2 44. 1 1.43 1.43 49.6 1.27 50. 1 1. 26 Psychological Problems 44.3 7. 2 1.65 Nursing Care Required (Mean) 11.8 6. 5 1.81 7.0 1.68 7. 2 1.66